

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087494

1. Entity Name

EVONDOR INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90028 011 ***158.75

Principal Place of Business

1460 NW 22ND ST.
 FT. LAUDERDALE FL 33311

Mailing Address

P.O. BOX 5265
 FT. LAUDERDALE FL 33310-5265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36,4334228

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEATON, DEVON B
 1460 NW 22ND ST.
 FT. LAUDERDALE FL 33311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLAUDIUS HUTCHINSON <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CLAUDIUS HUTCHINSON 7491 SW 10 CT #201 N LAUDERDALE 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DWIGHT LESTER 7808 W PANAMA ST MIRIMAR FLA 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JEFFREY DIXON 315 SW. 61 TERRACE MARGATE FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR IAN BENT 6693 SCHOONER Ter. MARGATE FLA 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHRISTINE LYONS 1460 NW 22 ST FT. LAUD FLA 33311

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER DEVON SEATON 1460 NW 22 ST FT. LAUD FLA 33311 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRISTINE E. LYONS 4.25.00 954.7670049

CR2E034 (9/99)